

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90059 008 ****61.25

DOCUMENT # N93000000808

1. Entity Name

THE GENDER EQUITY AND THE LAW COMMITTEE OF THE T

Principal Place of Business

Mailing Address

1800 SECOND STREET
SUITE 900
SARASOTA FL 34236

1800 SECOND STREET
SUITE 900
SARASOTA FL 34236-5997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIBBELN, BRENDA S
1800 SECOND STREET
SUITE 900
SARASOTA FL 34236

Name

SUSAN CHAPMAN

Street Address (P.O. Box Number is Not Acceptable)

46 N. WASHINGTON BLVD

City

SARASOTA

FL

Zip Code

34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

SUSAN CHAPMAN ATTORNEY AT LAW

2/4/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
HORNE, WILLIAM
6470 MOURNING DOVE DR #205
BRADENTON FL 34209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JUDSON, MARCIA B
937 CAZOOSA DR
SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JUDSON, ROBERT
937 CALOOSA DR.
SARASOTA FL 34234

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00

(941) 954 8531

Date

Daytime Phone #

CR2E037 (9/99)